Amherst College – Athletics
FAQ – Excess Sports Accident Insurance Policy

Q. What is “excess insurance” and why does Amherst have a policy?
A. Amherst College Athletics purchases a policy with Gallagher Student Health & Special Risk (Gallagher Student) to help cover athletic-related medical expenses. The concept of it is to prevent our student-athletes from incurring excessive expenses due to athletic related accidents and injuries. An “excess” policy covers expenses that the student athlete would otherwise be responsible for in the absence of this policy i.e. co-pays, deductibles, and other amounts denied by primary insurance and shown as the patient responsibility on the primary eob.

Q. How do I become eligible? How does it work?
A. Every varsity and club athlete is automatically covered by the plan as soon as you are medically cleared to play. If you become injured, while participating in an athletic practice or competition, your team’s athletic trainer should help you fill out a claim form. We send a copy of that form to Gallagher Student, keeping the original.

Q. Do I need to have a claim form on file for every injury?
A. **Yes.** A new claim form must be filled out for each new injury. Furthermore, once you are cleared and return to play from an injury, a re-injury to the same body area would require another (completely new) claim form. Make sure to see your team’s athletic trainer in order to fill out a claim form. The trainer will then submit the form to Gallagher Student.

Q. How do I know if I filled out or signed a Sports Injury Claim Form?
A. If you don’t remember filling it out or signing it, check in with your team’s staff athletic trainer. They should be able to quickly look up if we have the proper form on file.

Q. Do I still need to have primary insurance, since Amherst Athletics has this policy?
A. **YES,** you do. All full time students must have a primary insurance policy, and you must be a full time student to be a varsity athlete. Our excess sports accident policy **ONLY** covers athletic related injury charges not paid by primary insurance and shown as the student athlete’s responsibility on the primary insurance EOB (explanation of benefits). It does not cover any bills associated with general illness or non-athletic injuries.

Q. What expenses does the Excess Sports Accident Insurance policy cover?
A. The policy is designed to cover **most** expenses beyond your primary insurance coverage for **athletic related accidents and injuries**, up to charges of 100% Usual & Customary. This includes amounts shown as the patient responsibility on the primary insurance eob: co-pays, co-insurance, etc. Speak to a staff athletic trainer for more details concerning the policies schedule of benefits.
Q. What is the benefit period to incur bills/claims?
A. The benefit period is 2-years / 104 weeks from the date of injury. This is on a per injury basis.

Q. Is there a deductible associated with the Excess Sports Accident Policy?
A. There is a **$500 deductible**. This means that any intercollegiate sports injury medical charges, from $500-$90,000, not covered by your primary insurance, and shown as the student athlete's responsibility on the primary eob, will be paid by Gallagher Student’s Third Party Administrator (**BMI Benefits**), up to 100% Usual & Customary. This deductible is a “disappearing” deductible which means it is considered met when primary insurance pays $500 or more on the covered medical claims.

Q. What insurance information do I have to give a provider?
A. When you go to hospital, Doctor’s office, PT clinic, etc, you must remember to bring the **Excess Sports Accident Insurance card**. This card can be obtained through your athletic trainer. The card should then be presented with your primary insurance card to assist with ensuring that billing information is clear from the initial visit.

Q. How will claims be processed?
A. The provider will take down your primary insurance information, as well as the Excess Sports Accident Policy information. Bills will be sent to your primary insurance for processing. If you remember to present the secondary insurance info upfront, providers should automatically send any outstanding balances to BMI Benefits to process under the Excess insurance plan.

Q. What documents are needed in order for BMI Benefits to process a claim?
A. The provider will send BMI Benefits the following documents:
   1) **Itemized bill** – This is called a **HICF 1500** or **UB04**, and it contains the following information:
      - Provider’s Name
      - Provider’s Address
      - Tax ID Number
      - Date(s) of Service
      - Diagnostic Code(s) and Procedure Code(s)
      - The Fee for Each Procedure
   2) **Primary Explanation of Benefits** (EOB) – This is a statement from your primary insurance company that outlines what charges will be covered and what the patient might owe. If a primary insurance company denies charges for one reason or another, a DENIAL will be sent instead of an EOB.

Q. What can cause a delay in processing and paying a claim?
A. BMI Benefits cannot process a claim that is missing one or more of the following documents: the sports injury claim form, the Itemized Bill or the Primary EOB / denial. **We cannot accept balance due, balance forward, or past due statements for claims processing.**
Q. I just got what looks like a medical bill statement in the mail. What should I do?
A. If the bill is related to a sports injury, please call the billing department phone number on the statement*. The reason you are most likely receiving the bill is because the provider does not have the Excess Insurance information on the account. Inform the billing department that there is secondary insurance, and advise them to bill BMI Benefits with a copy of the claim and primary EOB. The provider should then send BMI Benefits the necessary paperwork to process the claim and you should not get billed in the future. *Please refer to the Claims Filing Procedures Document for more instruction

Q. What if I already paid the bills I got from an athletic injury after my primary insurance paid? Can I get reimbursed?
A. Yes, you can get reimbursed for costs you have already paid. To do this you need to submit a receipt or some other proof of payment along with the EOBs and HCFAs/UBs. Keep in mind it usually takes longer for these to be reimbursed.

Q. I felt sick and went to the ER without telling my athletic trainer. Will the athletic department’s Excess Sports Accident Insurance plan help cover this?
A. Our excess sports insurance plan does not cover charges due to general illness, because these are usually not caused by Amherst athletic participation. Therefore, services for general “non-athletic” medical concerns (cold/flu, appendicitis for example) are not covered.

Q. What if I hurt myself playing intramurals or playing another sport in the off season? Will the plan cover me for that?
A. No, our excess sports insurance plan only covers costs for injuries that happen while participating in varsity or club athletic practice or competition.

Q. Can I go to any doctor or provider for treatment, or do I have to use the Amherst provided physicians for the excess sports accident insurance policy to cover costs?
A. Our excess sports accident policy will cover services from any provider, for charges up to 100% Usual & Customary, as long as the provider bills your primary insurance first (creating an EOB and itemized bill). This includes physicians in any insurance network, and other providers such as chiropractors, etc.

Q. What address should I use when filling out medical forms at offices – my Amherst or home address?
A. Most students tend to move fairly often, so you should list your home address to make sure bills arrive efficiently. Make sure that your parents let you know when medical bills are received. For international students however, we do recommend always listing their current local address, and properly follow mail forwarding procedures during each move. Postage can get expensive and confusing with international addresses, and mail takes much longer to arrive, possibly delaying the entire claims process.